

ACT's Safeguarding Complaint Form

Full name:	UCN:				
Email:	Gender: Male □ Female □				
Date of Birth:	Date:				
Are you the complainant? If not, how are you related?		YES 🗆	NO		
Is the individual aware you are making this complaint?		YES 🗆	NO		
If you ticked "No" please state reason:					
Concern/incident/disclosure details: State what include date, and time of event. Where reporting to their exact words as you can.	g what someon				
Please state the outcome you are seeking from your complaint.					
Cianatura					
Signature:					
Completed by: (full name)		Date:			

Please save your completed form and email it to safeguarding@treasurers.org